SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. $\cdot 7_{j}$ p_i^c TOTAL TOTAL TOTAL DEP.